

# How to Talk to Teens About Sex!

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## Disclosure of Financial Relationships

Dr. Friedman has no significant financial relationships with commercial entities to disclose.

This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation.

## Who is an Adolescent?

- AAP: 12-21 years old
- SAM: 10-24 years old
- APA: 10-18 years old
- AMA: 11-21 years old
- WHO: 10-19 years old

In general: second decade of life

## Adolescents are:



- Not children
- Not adults
- Childlike in thought and behavior maybe
- Adult physically perhaps
- Ongoing brain changes and cognitive maturation

## CDC/AHP 2003 Prevention Messages

- Despite adolescents' greater risk of STDs, providers often fail to inquire about sexual behavior, assess risk, counsel about risk reduction, screen for asymptomatic infections
- Incorporate HIV testing into primary care services
- Should be tailored to the client's personal risk; interactive counseling approaches are effective
- Should include specific actions necessary to avoid acquisition or transmission of STDs and HIV, including **ABCs** (**a**bstinence, **b**e faithful, **c**ondom use)
- Clients seeking evaluation or treatment for STDs should be informed which specific tests will be performed, and HIV testing should be encouraged

## MILESTONES OF ADOLESCENT DEVELOPMENT

- **Body image concerns/puberty:** early adolescence mostly, cognitive changes begin
- **Independence/emancipation:** ongoing throughout, risk-taking during middle adolescence
- **Identity formation (including *sexual identity*):** ongoing
- **Future orientation/delineation of functional role:** late adolescence mostly, mortality issues, abstract thoughts

PROCESSES ARE UNIVERSAL AND CONSISTENT

## Health Care Maintenance

- **Open and non-judgmental approach**
- Confidentiality assured
- Growth and developmental assessment
- School performance
- Hopes/aspirations-school, work, life, children
- Immunization status
- Interdisciplinary team helpful
- Other support services

## Attitudes of Interviewer

- Respecting youth *as the patient*, not the parent
- Understanding confidence that parents place in clinicians
- Exhibiting genuine interest and concern
- Showing ability to listen with non-judgmental demeanor
- Being observant of youth's non-verbal communication
- Awareness of own body language
- Avoiding over-identification and argument
- Refraining from giving "advice"; rather, provide education
- **Remembering important role in youth's life**

## Adolescent Medical History

- Necessary information from parents
- Different perspective often from adolescent
- Opportunity for youth to assume and demonstrate some *responsibility* (at least for health care)
- Establish rapport in *trusting* and *private* environment that is *age-appropriate* (hopefully)
- Open-ended questioning style in *interview* format
- Use of simple understandable language
- *Flexible* approach to order (HPI, PMH, FH, SH, ROS)
- Summation of findings

## HEADS

- **H:** Home
- **E:** Education (may include employment)
- **E:** Eating practices
- **A:** Activities (including sports/exercise)
- **D:** Drugs and other substances
- **D:** Depression (including mental health)
- **S:** Sexuality and sexual activities
- **S:** Suicide (including depression and mental health)
- **S:** Safety practices
- **S:** Savagery (including violence and criminal/legal)
  - (adapted from Goldenring and Rosen, 2004)

## Sexual History

- Comfort with confidentiality and privacy precepts
- Establishment of “need to know”
- Non-judgmental questioning manner
- Gender-neutral questions about sexual practices/activities
- Contraception knowledge and use
- History of STDs? Symptoms of STDs presently?
- History of molestation/abuse, forced sex, rape, etc.
- Sexuality concerns
- *Any questions from patient?*

## Physical Exam for Adolescents

- Privacy and modesty importance
- **Further history-taking opportunity**
- Assurance of normalcy of changes (especially for patient)
- Growth monitoring, including weight and BMI
- Tanner staging (Sex Maturity Rating)
- Blood pressure, scoliosis screening, vision testing
- Pelvic examination for females?
- Rectal exam not routine, but considered
- **Opportunity for education, prevention counseling, etc.**

## **Confidentiality: Practical Applications**

- Age appropriate office décor and atmosphere
- Characteristics of office personnel
- Advance notice to parents and patients
- Office signage, brochures, letters, etc.
- Defining “privacy” and “confidentiality” for youth patients and parents
- Confirming maturation process/health consumer support
- Communication/contact information for youth
- Medical records issues and billing and insurance concerns

## **Rights of U.S. Adolescents**

- Child Labor Laws
- Public Education Guarantees
- Protection Against Abuse and Violence
- Internet Privacy Laws
- Child Pornography Protection
- Health and Safety Laws (car restraints, curfews, bicycle helmets, gun locks)

## **Emancipated Minor**

- Married
- Pregnant – limited to treatment for pregnancy
- Parent – limited to treatment of infant/child
- Member of military
- Self-supporting
- Criminal conviction as an adult
- Court determination of adult status

## **Minor's Consent for Confidential Health Care**

- Evaluation and treatment of sexually transmitted diseases (includes HIV in most states)
- Family planning, including pregnancy and contraception (but not abortion presently)
- Substance abuse
- Mental health concerns
- Child abuse/domestic violence/sexual assault

## Review of Existing Florida Laws

- **Minors**
  - Confidential health care permitted for STDs, family planning concerns, substance abuse problems, and mental health issues (743).
  - Child deemed mature by clinician does NOT need parental consent to be tested for HIV (381)(usually age 11 y/o), since HIV is considered STD in Florida (384.3).
  - HIV testing requires signed informed consent by all (381).
  - “Emancipated minor” definition (743).
  - Florida law establishes that HIV testing is within the standard of care for providers attending pregnant women.
  - Counseling should include a discussion of the availability of treatment to prevent HIV transmission to the child for women who are HIV-positive.

## Teen Perspective Autonomy and Independence

- “Why do you have to tell my mom everything?”
- “No one trusts me!”
- “I’m not taking another pill until you tell me what’s wrong with me!”
- “Why didn’t anyone tell me my diagnosis sooner? Didn’t anyone think I could handle it?”

## **Autonomy and Independence**

- Becoming an autonomous, self-directive person is a fundamental psychosocial task of adolescence.

"I want to come to my appointments by myself"

## **Cultural Considerations**

- Gender
- Age
- Race
- Ethnicity
- Sexual identity
- Geographic location
- Other?

## Interventions Managing Own Care

- Information: What should they know?
- Adherence to treatment and care
  - Where is the teen in continuum of managing treatments?
  - Influence of adolescent's own health beliefs and attitudes
- Empowering the teen
  - What are the expectations?
  - Encourage taking charge of own health care

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## REFERENCES

- **Adolescent Health Care: A Practical Guide**, Neinstein LS, et.al. (editors), WoltersKluwer Lippincott Williams&Wilkins (publisher), Philadelphia, 5<sup>th</sup> edition.
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